CUPS Assessment for Pediatric Respiratory Emergencies				
Assessment	**Critical**	**Unstable**	**Potentially unstable**	**Stable**
Airway	Completely or severely obstructed	Partially obstructed, excessive secretions or blood	Open with secretions	Open
Breathing rate	May be slow, absent, or very fast with periods of slowing	Increased	Occasionally increased	Normal
Breathing effort	Absent or greatly increased with periods of weakness	Increased	Normal	Normal
Breath sounds	Grunting, faint, or absent	Wheezing or stridor, decreased breath sounds	Normal or slight wheezing	Normal
Skin color	Pale, mottled, or blue	Pink or pale	Pink	Pink
Inspection	Normal, decreased, or absent chest movement	Normal or decreased chest movement	Runny nose, red eyes, fever	Runny nose
Actions	Immediately open airway, suction, give high-concentration oxygen with assisted ventilation, and transport	Move at moderate pace; give high-concentration oxygen; prepare for transport; reassess frequently	Move at moderate pace; help into position of comfort; give high-concentration oxygen; prepare for transport	Begin focused history and physical exam

Based on CUPS Assessment Table © 1997 N. D. Sanddal, et al. Critical Trauma Care by the Basic EMT, 4th ed.

Rapid First Impression of Pediatric Respiratory Emergencies			
Assessment	**Distress**	**Failure**	**Arrest**
Mental status	Alert or agitated	Very agitated or sleepy	Unresponsive
Muscle tone/ Body position	Normal; able to sit	Somewhat limp	Completely limp
Breathing: visible movement	Present	Present	Slight or none
Breathing effort	Increased	Greatly increased with periods of weakness	Absent
Skin Color	Pink or pale	Pale, mottled, or bluish	Blue
Actions	Work at moderate pace; help child into position of comfort, give high-concentration oxygen without agitating	Move quickly; open airway, suction, give high-concentration oxygen, use assisted ventilation if needed	Immediately open airway, suction, give high-concentration oxygen, provide assisted ventilation

Assessment Findings for Pediatric Respiratory Emergencies			
Assessment*	**Distress**	**Failure**	**Arrest**
Mental status	Alert or agitated	Very agitated or sleepy	Unresponsive
Muscle tone/ Body position	Normal; able to sit	Somewhat limp	Completely limp
Airway	Open or partially obstructed	Open or maintained with positioning	Requires positioning; may need adjunct
Breathing rate	Increased	Very fast, may have periods of slowing	Very slow or absent
Breathing effort	Increased	Greatly increased with periods of weakness	Absent
Actions	Move at moderate pace; help child into position of comfort, give high-concentration oxygen without agitating, prepare for transport	Move quickly; open airway, apply suctioning, give high-concentration oxygen, use assisted ventilation if needed, prepare for transport	Immediately open airway, apply suctioning, give high-concentration oxygen, provide assisted ventilation, and transport

*Note: There is no clear-cut line between these stages of respiratory compromise and children may not have all the findings typical of each stage. Base your management actions on the more serious findings present.

Pediatric Respiratory Rates	
Age	**Rate** (breaths per minute)
Infant (birth–1 year)	30–60
Toddler (1–3 years)	24–40
Preschooler (3–6 years)	22–34
School-age (6–12 years)	18–30
Adolescent (12–18 years)	12–16